

| POSITION | INITIALS | NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | Smz | 71008 | 5/19/99 |
| O.I.P.E. CLASSIFIER | JAB | 100908 | 5/21/99 |
| FORMALITY REVIEW | | | 5/28/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
| 8 | ✓ |
| 9 | ✓ |
| 10 | ✓ |
| 11 | ✓ |
| 12 | ✓ |
| 13 | ✓ |
| 14 | ✓ |
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| 17 | ✓ |
| 18 | ✓ |
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| 21 | ✓ |
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| 45 | ✓ |
| 46 | ✓ |
| 47 | ✓ |
| 48 | ✓ |
| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
| 51 | ✓ |
| 52 | ✓ |
| 53 | ✓ |
| 54 | ✓ |
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| 98 | ✓ |
| 99 | ✓ |
| 100 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
| 101 | ✓ |
| 102 | ✓ |
| 103 | ✓ |
| 104 | ✓ |
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| 141 | ✓ |
| 142 | ✓ |
| 143 | ✓ |
| 144 | ✓ |
| 145 | ✓ |
| 146 | ✓ |
| 147 | ✓ |
| 148 | ✓ |
| 149 | ✓ |
| 150 | ✓ |

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)